

EMBASSY OF GHANA

Copenhagen . Denmark

APPLICATION FOR PRESS ACCREDITATION

(Foreign Correspondents)

Visiting Address: Egebjerg Alle 13, DK - 2900 Hellerup, Denmark

Tel: +45 39628222 Fax: +45 39621652 ${\it Email:}\, {\it consular@ghanaembassy.dk}$ www.ghanaembassy.dk

Form should	l be Computer Typed and in BLOCK Letters SERIAL No:					
A. 1.	Surname:					
2.	First Name:					
3.	Other Names (Aliases):					
4.	Previous Names (If Any):					
5.	Age: 6. Date of Birth:					
7.	Place of Birth: 8. Nationality:					
9.	Previous Nationality (If any):					
10.	Passport No.: 11. Passport Expiry Date:					
12	(a). Visiting Address in Ghana:					
	(b). Telephone No. in Ghana:					
13	(a). Permanent Residential Address:					
	(b). Telephone No.:					
14.	Purpose of Visit (Give an explicit description):					
15.	Duration of Visit: (a) Number of Days:					
	(b) From: To:					
16.	Mode of Travel to Ghana: Air ☐ Sea ☐ Land ☐					
17.	Mode of Travel from Ghana: Air ☐ Sea ☐ Land ☐					
18.	Entry Point into Ghana:					
19.	Exit Point from Ghana:					
20.	Destination Address (If different from 12 above):					

	21.	Details of Press Card: (a) Organisation Name				
		(b) Date of Issue:				
		(c) Card Number:				
 В.						
Д.	1.	Name of Current Employers/ Organisation:				
	2.	Name of Previous Employers/ Organisation:				
	3.	Have you ever visited Ghana? (If yes give details of Dates, Places Visited, Interviews, etc.):				
	4.	Residential Address of Previous Visits in Ghana:				
	5.	Countries Visited in Africa (separate with a comma (,)):				
	6.	Other Countries Visited Worldwide (separate with a comma (,)):				
	7.	In which publication(s)/ Programme(s) will your work in Ghana appear?				
	8.	In which publication(s)/ programme(s) have your articles, pictures, etc. been published?				
	9.	Have you had any problems with Authorities in any country you have visited? If so give details				
	10.	List your Equipment and their Serial Nos . (in case of loss/ Misplacement)				
		Name Serial Number				

11.	(a). Date of Application	(b)	Signature of Applicant			
For Mission	Use Only					
12.	(a). Name of Receiving Officer	(b).	Signature of Receiving Officer			
FOR OFFICIAL USE ONLY MISSION'S RECOMMENDATIONS:						
REMARKS – APPLICATION ACCEPTED / REJECTED:						